

for sexual life impairment ( $p$  values, 3 months after radiotherapy and > 3 months after radiotherapy, 0.017 and 0.004, respectively). There were some limitations in this study, including single-institute and outpatient alone.

**Conclusion:** During the initial 5-year follow-up, both radical prostatectomy and radiotherapy had one-to-two year negative impacts on global QoL in localized patients. Both hormonal therapy and palliative radiotherapy had one-to-two year positive impacts on global QoL in metastatic patients. Radiotherapy had a profound long-term decrease in sexual life performance. These results can help physicians and patients in decision making for optimal therapy.

#### NDP004:

#### ANALYSIS OF DETRUSOR MUSCLE SAMPLING DURING TRANSURETHRAL RESECTION OF BLADDER TUMOR IN NON-MUSCLE INVASIVE BLADDER CANCER

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**Purpose:** Transurethral resection of bladder tumor (TUR-BT) plays an important role in the treatment and diagnosis of non-muscle invasive bladder cancer (NMIBC). However, the pathology report of the bladder tumor often had no detrusor muscle presentation. In this situation, it is difficult to decided the advanced treatment. Therefore, we analysis that the detrusor muscle presentation influence the prognosis and the factors affect the detrusor muscle presentation.

**Materials and Methods:** Retrospective review the pathology report of TUR-BT from 2013 Jan. to 2013 Dec. in Chang Gung Memorial hospital in Linkou. All patients was follow up for at least one-year.

**Results:** There are 150 patients underwent TUR-BT at Linkou CGMH in this year. The NMIBC cases was about 100 (66.7%). The pathology report showed detrusor muscle was 37% and no mention of detrusor muscle was 5%. Compared between the detrusor muscle present and the detrusor muscle absent, the mortality rate within 1 year (0% v.s. 3%,  $p=0.157$ ) and early recurrent rate (14% v.s. 12%,  $p>0.05$ ) had no significant difference. Besides, larger bladder tumor (>3cm,  $p=0.037$ ) and high-grade bladder tumor ( $p=0.018$ ) had higher detrusor muscle presentation rate. There was no difference in age ( $p=0.298$ ), gender ( $p=0.454$ ) and primary stage ( $p=0.383$ ) in detrusor muscle presentation rate.

**Conclusion:** In this data, there was no obvious difference of prognosis within 1 year, but need longer time of follow up to prove that. Pathologists rightly mention detrusor muscle when there is a higher probability of invasion. This help the clinic physician for further treatment decision.

#### NDP005:

#### SEMI-RIGID URETEROSCOPY WITH THULLIUM LASER FOR THE TREATMENT OF URETER UROTHELIAL CARCINOMA: EXPERIENCE OF MACKAY MEMORIAL HOSPITAL

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**Purpose:** Radical nephroureterectomy is the standard treatment of high risk upper tract urothelial carcinoma (UTUC). However, renal-sparing treatment as endoscopic ablation or segmental resection can be used for low risk ureter urothelial carcinoma without compromising oncological outcomes. In present study, we share the experience of using semi-rigid ureterscope with Thulium laser to treat ureter urothelial carcinoma.

**Materials and Methods:** We retrospectively reviewed 9 cases with ureter urothelial carcinoma managed by Thulium laser with semi-rigid ureterscope from January 2014 to June 2015 in our hospital. Peri-operative outcome and post-operative outcome were recorded.

**Results:** There are 9 patients underwent endoscopic treatment. Mean (range) age was 67.1 (56–85) years old. Mean (range) follow up was 13.9 (3–22) months. Overall survival rate was 100%. Five patients received endoscopic management due to low-risk tumor. Upper tract progression or persisted carcinoma in situ was noted in three patients (60%), all of

them received nephroureterectomy after then. Four patients received endoscopic treatment because they are not suitable to nephroureterectomy. All of the four patients with high risk or not suitable to nephroureterectomy had recurrence. No major complication was noted perioperatively.

**Conclusion:** After endoscopic surgery, upper tract recurrence is common even in low risk tumor. Regular surveillance with URS is needed. Salvage nephroureterectomy is advised during close follow up.

#### NDP006:

#### COMPLEMENTARY TRADITIONAL CHINESE MEDICINE THERAPY IMPROVES SURVIVAL IN PATIENTS WITH METASTATIC PROSTATE CANCER

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**Purpose:** More than 50% of prostate cancer patients have used traditional Chinese medicine (TCM) in Taiwan. However, the long-term clinical efficacy of TCM in prostate cancer patients remains unclear. Here, we investigated the relationship between TCM use and the survival of prostate cancer patients.

**Materials and Methods:** A retrospective nationwide cohort study of prostate cancer patients was conducted between 1998 and 2003 using the Taiwan National Health Insurance Research Database. The association between death risk and TCM use was determined using Cox proportional hazards models and Kaplan-Meier curves.

**Results:** Of the 1132 selected prostate cancer patients, 730 (64.5%) and 402 (35.5%) were TCM users and non-users, respectively. The mean follow-up period was 8.38 years, and 292 (25.8%) deaths were reported. TCM users had a decreased mortality rate (21.9%) compared to non-users (32.8%). A lower death risk was observed with longer TCM use, especially in patients who used TCM for  $\geq 200$  days (aHR, 0.61; 95% CI, 0.44–0.84). TCM users with metastatic prostate cancer had a significant lower hazard ratio than non-users (aHR, 0.70; 95% CI, 0.51–0.95).

**Conclusion:** The result suggested that TCM might be associated with a reduced risk of death in metastatic prostate cancer patients

#### NDP007:

#### UPPER URINARY TRACT TRANSITIONAL CANCER-THE EXPERIENCES IN RECENT 5 YEARS AND LITERATURE REVIEW

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**Purpose:** It has been shown that there are some difference of the distribution of the upper urinary tract cancer between Taiwanese and other races. Previous studies have shown an increased risk of upper urinary tract urothelial carcinoma. We try to re-examine this risk.

**Materials and Methods:** We enrolled all 93 patients of upper urinary tract cancer in Show-Chuan hospital in Chang-Hua Taiwan during 2008–2015, and we retrospectively followed the development of cancer until 2012 by analysis of data collected from the Taiwan Cancer Registry.

**Results:** There were 93 newly diagnosed cases of upper urological cancer and most of them were transitional cell carcinoma (70.1%) and renal cell carcinoma (28.0%). The mean age at diagnosis for upper urinary tract cancer was 65.5 years. Focusing on urothelial carcinoma, when stratified by location, there are 45.2% in renal pelvis, 32.6% in upper ureter and 20.4% in both. About the tumor stage, there are 28.3% patients was stage I, 19.8% was stage II, 35.0% was stage III and 16.9% was stage IV. The crude death rate during 2008 to 2015 was 9.31% in stage I, 7.23% in stage II, 30.4% in stage III and 66.7% in stage IV, respectively.

**Conclusion:** The urothelial carcinoma consisted the majority of upper urinary tract cancer in Taiwan, followed by renal cell carcinoma. Most of the urothelial carcinoma was located in the renal pelvis. It makes the diagnosis more challengeable.